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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

/ NONE

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

/ NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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## TITLE

Housing for a hearing device

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